

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046260

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 73Primary Registration District No. 5291Registrar's No. 1231. **FILED JAN 2 1963**a. COUNTY Clayb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LibertyLength of stay in lb
1 Monthc. CITY
OR TOWN LathropInside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION J.O.O.F. HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3 1/2 miles So. West LathropReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JohnHenryKing4. DATE
OF DEATH

Month

Day

Year

December 15, 19625. SEX
Ma6. COLOR OR RACE
Wh7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
2-11-839. AGE (last birthday)
79IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Farm Owner11. BIRTHPLACE (City and state or country)
Clay County, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William Alfred King

13b. MOTHER'S MAIDEN NAME

Sentilla Land

14. NAME OF HUSBAND OR WIFE

Minnie B. King15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
[redacted]17. INFORMANT
J. W. King

Address

Lathrop, Mo. RFD18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ArteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH2 yrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 15 to Jan 14 and last saw him alive on Dec 14
Death occurred at 7 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. W. G. Graham M.D.

22b. ADDRESS

Liberty Mo

22c. DATE SIGNED

12/17/6223a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

12-17-62

23c. NAME OF CEMETERY OR CREMATORY

Paradise Cemetery

23d. LOCATION (City, town, or county)

Clay County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

McComas Funeral Home Smithville, Mo.

25. DATE RECD. BY LOCAL REG.

12-28-62

26. REGISTRAR'S SIGNATURE

Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.